Student Celebrate Life 2018 Individual Registration Form

**Please PRINT & complete ALL information & return to your youth leader with your $25 fee, no later than Feb. 16th. There will be a $5 late fee!**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: Indiana

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-shirt size: (circle one)

S M L XL 2XL 3XL

Age:\_\_\_\_ Grade:\_\_\_\_ Yr. Of Graduation: \_\_\_\_

District: Indianapolis

Local Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male Female (circle one)

Date of Birth: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

month day year

\*\*Participant or Spectator\*\* (circle one)

**Musical** **Talent**: **Vocal**

Taped Live Accompanist

 Solo   Name:\_\_\_\_\_\_\_\_\_\_\_\_

 Duet  

Partner:\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Trio  

Partner(s)\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Ensemble  

(4-11)

Name:\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Choir  

Name:\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bible**  Yes  No

**Quizzing**

**(will be determined prior to DCL)**

**Science**

**Quizzing**  Yes  No

**Arts/Crafts**

 Painting  Still Photography

 Drawing  Sculpture & Craft

**Communications/Video**

 Creative  Bible  Speech/  Video

Writing Exposition Reading (Individual)

 Drama Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mime Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Puppetry Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*CD music must be an original. \*Must have sheet music with CD. The singer(s) will be judged by the written music given to the judges.

**Musical Talent: Instrumental**

(Circle One) Taped Live Accompanist

Solo Duet  

Trio

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instrument(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Keyboard  Piano  Organ

Solo

Taped Live Accompanist

 Ensemble  

(4 to 11) Ensemble Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taped Live Accompanist

 Band   Name: \_\_\_\_\_\_\_\_\_\_\_\_

(12 or more) Band Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Praise Band

Band Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sport Events**

You may only participate in one team event due to conflicting schedules. This consists of bowling, mixed doubles in table tennis, soccer, vb, bb, and golf but not video production.

 Basketball (District Team)

 Free Throw Early Youth Senior Youth M F

 Hot Shot Early Youth Senior Youth M F

 Bowling (District Team)

 Chess

 Table Tennis Mixed Doubles Singles M F

 Tennis Early Youth Senior Youth M F

 Volleyball (District Team)

 5000-Meter Run

 Home Run Derby Early Youth Senior Youth M F

* Coed Soccer (District Team)
* Dodge ball (District Team)

Indy NYI Celebrate Life 2018

**PERMISSION - COOPERATION – INFORMATION FORM**

**(YOU MUST COMPLETE THIS FORM TO ATTEND)**

***Parental Permission and Waiver of Liability***

I hereby give authority to Dave and Jody Thompson, Celebrate Life Directors of Indianapolis District, to obtain minor medical attention or to authorize treatment at any hospital in the event of a medical emergency during **District events** at Westside Church **and Field events** at Olivet Nazarene University.

I also recognize the authority of all district sponsors, the Celebrate Life staff and the security of Olivet Nazarene University as those who will supervise this event and uphold proper conduct. I understand that my son/daughter could be sent home and that I would be responsible for their transportation home and any destruction of property.

I will NOT hold the Church of the Nazarene or Olivet Nazarene University responsible for accident, injury or theft. ***My son/daughter has my permission to attend Celebrate Life.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian Signature, if student is under 18) (Date)

Home Phone #: (\_\_\_) Emergency Phone #: (\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone #: (\_\_\_) \_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Food Needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Cooperation Agreement (ALL students must sign)**

I am willing to cooperate with my sponsors, and I will submit to their authority in all areas. I will also follow the guidelines set up by the Central Region NYI Council and Olivet Nazarene University. I am aware that failure to do so will result in disciplinary action.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

(Student Signature) (Date)

***Celebrate Life 2018-ONU Package Deal***

**\*\*FEE DUE NO LATER THAN MARCH 12TH TO YOUR YOUTH LEADER\*\***

The cost of the Package deal is $125, which includes:

* Lodging - for two nights at Olivet Nazarene University (you provide the bedding and linens)

• Meals – Lunch & Dinner on Thursday; three meals on Friday; breakfast on Saturday at ONU

* Programs on Thursday and Friday at ONU (*These programs are not optional for students*)
* Roommate Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Refund Policy:**

All monies received for the event of Regional Celebrate Life are non-refundable directly to the participant. They may, however, be transferred between participants within the district. I hereby agree to the stated refund policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( Signature)